

**DECLARATION UNDER 35 USC §371(c)(4) FOR**

**My residence, post office address and citizenship are as stated below under my name:**

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: THERAPEUTIC AGENT FOR FIBROMYALGIA

described and claimed in international application number **PCT/JP2003/013999** filed **October 31, 2003**.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

**Japanese Patent Application No. 2002-317011 filed October 31, 2002**

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NUMBER 25944, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name**  
**of Sole or First Inventor:** 100 Kusuki NISHIOKA  
Given Name Middle Initial Family Name

2 **Inventor's Signature:** [Signature]

3 **Date of Signature:** March 18 2005  
Month Day Year

**Residence:** Shibuya-ku Tokyo Japan  
City State or Province Country

**Citizenship:** Japanese

**Post Office Address:** 4-1-5-802, Hiroo, Shibuya-ku, Tokyo 150-0012, Japan  
(Insert complete mailing address, including country)

**Note to Inventor:** Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

**IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE** ☐

**PATENT APPLICATION**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Kusuki NISHIOKA

Application No.: New U.S. National Stage of PCT/JP03/13999

Filed: April 25, 2005

Docket No.: 123598

For: THERAPEUTIC AGENT FOR FIBROMYALGIA

**TRANSMITTAL OF POWER OF ATTORNEY AND  
STATEMENT UNDER 37 CFR § 3.73(b)**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith are Power of Attorneys from the Assignees.

In compliance with 37 CFR §3.73(b), the undersigned hereby states that NIPPON ZOKI PHARMACEUTICAL CO., LTD. and Kusuki NISHIOKA are together the assignees of the entire right, title and interest in the patent application identified above by virtue of an assignment from the inventor of the patent application identified above. A copy of the assignment is attached hereto.

The undersigned is authorized to act on behalf of the assignee.

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD  
BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NO. 25944, TELEPHONE  
(703) 836-6400.**

Respectfully submitted,

Eric D. Morehouse  
Registration No. 38,565

EDM/nxy

Date: April 25, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**GENERAL POWER OF ATTORNEY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Owner Name: NIPPON ZOKI PHARMACEUTICAL CO. LTD.

hereby appoints the patent practitioners associated with Oliff & Berridge, PLC Customer No. 25944 as attorneys of record to prosecute any and all patents and patent applications in which this General Power of Attorney is filed, and all continuations and divisions thereof, owned in whole or in part by the above-named owner, and to transact all business in the Patent and Trademark Office.

The undersigned is authorized to execute this document as or on behalf of the owner.

**ALL CORRESPONDENCE SHOULD BE SENT TO OLIFF & BERRIDGE, PLC,  
CUSTOMER NO. 25944, TELEPHONE (703) 836-6400.**

September 16, 2004  
Date

藤井 郁郎

Signature

Typed Name: Ikuro FUJII

Title: Director

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**GENERAL POWER OF ATTORNEY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450


Owner Name: Kusuki NISHIOKA

hereby appoints the patent practitioners associated with Oliff & Berridge, PLC Customer No. 25944 as attorneys of record to prosecute any and all patents and patent applications in which this General Power of Attorney is filed, and all continuations and divisions thereof, owned in whole or in part by the above-named owner, and to transact all business in the Patent and Trademark Office.

The undersigned is authorized to execute this document as or on behalf of the owner.

**ALL CORRESPONDENCE SHOULD BE SENT TO OLIFF & BERRIDGE, PLC,  
CUSTOMER NO. 25944, TELEPHONE (703) 836-6400.**

\_\_\_\_\_  
Date

  
Signature

Typed Name: Kusuki NISHIOKA

Title: \_\_\_\_\_  
(if acting on behalf of an Owner)